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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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	August 21, 2008					(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/853,193 TITLE OF INVENTION	05/11/2001 N: METHODS AND PRE	EPARATIONS FOR CUR	Greta Van Den Berghe ING CLINICALLY ILL P	ATIENTS	6296.204-US	5893
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE I	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/22/2008
EXAMINER ART UNI		ART UNIT	CLASS-SUBCLASS]		
KAM, CHIH MIN 1656		1656	514-003000	•		
☐ "Fee Address" inc PTO/SB47; Rev 03-t Number is required 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI NOVO Nordis	condence address (or Chi B/122) attached. dication (or "Fee Address 2D or more recent) attact MD RESIDENCE DAT: dless an assignce is ident th in 37 CFR 3.11. Com GNEE k A/S	ange of Correspondence in Indication form ned. Use of a Customer A TO BE PRINTED ON 1	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm thaving as a member a registered attorney or agent) and the names of up to listed, no name will be printed. (3) THE PATENT (print or type) data will appear or the patent. If an assignee is identified below, the document has been filed for 1 authoritied for filing an assignment. (6) RESIDENCE: CITT' and STATE OR COUNTRY) Bagsvacrd, Denmark inted on the patent): □ Individual Sel Corporation or other private group entity □ Government.			
4a. The following fee(s) are submitted: ■ Issue Fee □ Publication Fee (No small entity discount permitted) □ Advance Order - # of Copies ∴ Change in Entity Status (from status indicated above) □ A. Arolecance claims SMALL ENTITY status. See 37 CFR 1.27.			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) \[\begin{align*} \text{ Achec's is enclosed.} \\ \end{align*} \] \[\begin{align*} \text{ Payment by credit card. Form PTO-2038 is attached.} \\ \end{align*} \] \[\begin{align*} \text{ Phicecor is hereby authorized to charge the required fee(s), any deficience, or credit any overpayment, to Deposit Account Number 14-1447. (enclose an extra copy of this form). \] \[\begin{align*} A Acolicant is no loneer claiming S MALL ENTITY status. See 27 CFR 1.27(e)(2). \]			
			**			he assignee or other party in
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